



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: WWW.DPR.DELAWARE.GOV

## **DELAWARE BOARD OF VETERINARY MEDICINE REINSTATEMENT APPLICATION FOR LAPSED LICENSE**

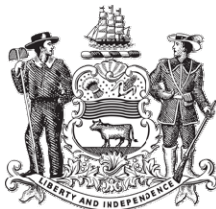
### ***Instructions***

Please submit all of the following:

- completed, signed, and notarized *State of Delaware Board of Veterinary Medicine Reinstatement Application for Lapsed License*
- pro-rated fee (non-refundable), by check or money order made payable to "State of Delaware" (see Fee Schedule at [www.dpr.delaware.gov](http://www.dpr.delaware.gov))
- letters of good standing from each State in which you have ever been licensed
- proof of completion of continuing education as follows:
  - *lapse of 12 to 24 months* – 24 hours completed within 2 years prior to the request for reinstatement
  - *lapse of over 24 months* - thirty-six (36) hours of continuing education credits completed within 4 years prior to the request for reinstatement.

### ***Occupational License***

Prior to practicing in Delaware, contact the Delaware Division of Revenue at (302) 577-5800 about an occupational or business license in accordance with Chapter 23 of Title 30.



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## **DELAWARE BOARD OF VETERINARY MEDICINE REINSTATEMENT APPLICATION FOR LAPSED LICENSE**

### **IDENTIFICATION**

1. Full Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
4. Social Security Number \_\_\_\_\_

### **EDUCATION**

5. Name and address of American Veterinary Medical Association (AVMA)-approved veterinary college attended \_\_\_\_\_
6. If you are foreign-educated, enter name and address of veterinary college  
\_\_\_\_\_  
\_\_\_\_\_
7. List veterinary degree and date received \_\_\_\_\_

### **EXAMINATIONS**

8. Have you taken and passed the National Board Examination (NBE)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, where and when? \_\_\_\_\_
9. Have you taken and passed the Clinical Competency Test (CCT)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, where and when? \_\_\_\_\_
10. Have you taken and passed the North American Veterinary Licensing Examination (NAVLE)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, where and when? \_\_\_\_\_

## **LICENSURE/PRACTICE**

11. List all State(s) in which you have ever held a license to practice veterinary medicine:

(If never licensed, enter "None.")

**Arrange for a "letter of good standing" from each State in which you have ever been licensed to be sent to the Board.**

12. Have you received any administrative penalties, including but not limited to fines, formal reprimands, license suspension or revocation, and probationary limitations? Yes\_\_\_\_\_No\_\_\_\_\_  
If Yes, arrange for the State(s) to send information about the disciplinary action to the Board.

13. Have you entered into a consent agreement that places conditions on your professional conduct or practice, including any voluntary surrender of license? Yes\_\_\_\_\_No\_\_\_\_\_ If Yes, arrange for the State(s) to send information about the disciplinary action to the Board.

14. Are any disciplinary proceedings or unresolved complaints concerning your practice of veterinary medicine pending against you at present? Yes\_\_\_\_\_No\_\_\_\_\_ If Yes, arrange for the State(s) to send information about the disciplinary action(s) to the Board.

15. Have you ever been charged with or investigated for the unlicensed practice of veterinary medicine? Yes\_\_\_\_\_ No \_\_\_\_\_

16. Have your Drug Enforcement Administration (DEA) privileges ever been restricted or revoked? Yes\_\_\_\_\_No\_\_\_\_\_

17. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes\_\_\_\_\_ No\_\_\_\_\_ **If yes, submit a certified copy of your criminal history record.**

18. Are any criminal charges pending against you relating to an offense, the circumstances of which substantially relate to the practice of veterinary medicine? Yes\_\_\_\_\_No\_\_\_\_\_ If Yes, arrange for the appropriate authorities to provide information about the charge directly to the Board. The information should be in sufficient specificity to enable the Board to make a determination whether the charge is substantially related to the practice of veterinary medicine.

19. Do you have any impairment related to drugs or alcohol that would limit your ability to undertake the practice of veterinary medicine in a manner consistent with the safety of a patient or the public? Yes\_\_\_\_\_No\_\_\_\_\_

## **CONTINUING EDUCATION**

**Submit proof of completion of continuing education as follows:**

- ***lapse of 12 to 24 months*** – 24 hours completed within 2 years prior to the request for reinstatement
- ***lapse of over 24 months*** - thirty-six (36) hours of continuing education credits completed within 4 years prior to the request for reinstatement.

**Prior to practicing in Delaware, you must file for and obtain an occupational license from the Division of Revenue in accordance with Chapter 23 of Title 30 (see instructions).**

**AFFIDAVIT**

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action. I understand that the application fees are not refundable.

Signature of Applicant:

\_\_\_\_\_

Sworn to and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

AFFIX SEAL

My commission expires: \_\_\_\_\_

Rev. 8/2006